

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | PAGE 1 OF 4 | | | | | | | | | | | | | |
|--|---|---|--|----------------------------|--|--|--|--|----------------------------|--|--|--------------------|----------------------------------|--------------------------------|------------------------|--|------------|--|---|--|--|--|--|
| 1. CONTRACT PURCH ORDER/AGREEMENT NO. W56HZV-05-D-0408 | | | 2. DELIVERY ORDER/CALL NO. 0005 | | 3. DATE OF ORDER/CALL (YYYYMMDD) 2007MAY08 | | 4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE | | 5. PRIORITY DXA4 | | | | | | | | | | | | | | |
| 6. ISSUED BY U.S. ARMY TACOM LCMC AMSTA-AQ-AHPB THOMAS JESZKE (586)574-7096 WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL WEAPON SYSTEM: WPN SYS: JE EMAIL: THOMAS.H.JESZKE@TACOM.ARMY.MIL | | | CODE W56HZV 7. ADMINISTERED BY (If other than 6) DCMA CLEVELAND ADMIRAL KIDD CENTER. 555 EAST 88TH STREET BRATENAHL, OH 44108-1068 SCD: A PAS: NONE ADP PT: HQ0337 | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other) | | 11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED | | | | | | | | | | | | | | | | |
| 9. CONTRACTOR CODE 02077 NAME AND ADDRESS MILLER-HOLZWARTH, INC 450 WEST PERSHING STREET SALEM, OH 44460-2752 TYPE BUSINESS: Other Small Business Performing in U.S. | | | FACILITY 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE 12. DISCOUNT TERMS 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15 | | | | | | | | | | | | | | | | | | | | |
| 14. SHIP TO CODE SEE SCHEDULE | | | 15. PAYMENT WILL BE MADE BY CODE HQ0337 DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266 | | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2 | | | | | | | | | | | | | | | | | | |
| 16. TYPE OF ORDER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">DELIVERY/</td> <td style="width:10%; text-align: center;">CALL</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/></td> <td rowspan="3" style="padding: 5px;"> THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. </td> </tr> <tr> <td style="text-align: center;">PURCHASE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | DELIVERY/ | CALL | <input checked="" type="checkbox"/> | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | PURCHASE | | | | | | 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE | | | | | | | |
| DELIVERY/ | CALL | <input checked="" type="checkbox"/> | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | | | | | | | | | |
| PURCHASE | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td style="width:30%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width:30%; text-align: center;">SIGNATURE</td> <td style="width:30%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width:10%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div> | | | | | | | | | | | | NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYYYMMDD) | | | | | | | | |
| NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYYYMMDD) | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">18. ITEM NO.</th> <th style="width:40%;">19. SCHEDULE OF SUPPLIES/SERVICE</th> <th style="width:15%;">20. QUANTITY ORDERED/ACCEPTED*</th> <th style="width:5%;">21. UNIT</th> <th style="width:15%;">22. UNIT PRICE</th> <th style="width:15%;">23. AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td> SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders </td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | | | | | | 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT | | SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders | | | | |
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| | SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders | | | | | | | | | | | | | | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | | | 24. UNITED STATES OF AMERICA DARYL F. WITTE /SIGNED/ DARYL.F.WITTE@US.ARMY.MIL (586)574-7196 BY: _____ CONTRACTING/ORDERING OFFICER | | 25. TOTAL \$138,552.84 26. DIFFERENCES | | | | | | | | | | | | | | | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____ | | | | | | | | | | | | | | | | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | | | | | | | | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | 28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 29. D.O. VOUCHER NO. | | 30. INITIALS | | | | | | | | | | | | | |
| f. TELEPHONE NUMBER | | | | g. E-MAIL ADDRESS | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | | | | | | | | | | | | |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | | | | | | 34. CHECK NUMBER | | 35. BILL OF LADING NO. | | | | | | | | | | | | | | | |
| a. DATE (YYYYMMDD) | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYYYMMDD) | | | | | | | | | | | | | |
| 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | | | | | | | | | | | | | | | | | | | |

Name of Offeror or Contractor: MILLER-HOLZWARTH, INC

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|--------------|---------------|
| | SUPPLIES OR SERVICES AND PRICES/COSTS | | | | |
| 0012 | NSN: 6650-01-302-7684 FSCM: 19207 PART NR: 12357846 SECURITY CLASS: Unclassified | | | | |
| 0012AA | <u>PRODUCTION QUANTITY</u> NOUN: PERISCOPE,TANK PRON: EH73S160EH PRON AMD: 01 ACRN: AA AMS CD: 070011 <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING CLAUSE LEVEL PRESERVATION: Military LEVEL PACKING: B <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W56HZV7097S856 W45G19 J 1 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001 205 04-MAR-2008 FOB POINT: Destination SHIP TO: (W45G19) XR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V TPF GATE 44 BLDG 184 TEXARKANA TX 75507-5000 <u>CONTRACT/DELIVERY ORDER NUMBER</u> W56HZV-05-D-0408/0005 DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 002 W56HZV7097S857 W25G1U J 1 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001 204 04-MAR-2008 FOB POINT: Destination SHIP TO: (W25G1U) SU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY 2001 MISSION DRIVE DOOR 113 134 NEW CUMBERLAND PA 17070-5001 | 409 | EA | \$ 338.76000 | \$ 138,552.84 |

| | | |
|--------------------|--|-------------|
| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN W56HZV-05-D-0408/0005 MOD/AMD | Page 3 of 4 |
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Name of Offeror or Contractor: MILLER-HOLZWARTH, INC

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
| | <div>CONTRACT/DELIVERY ORDER NUMBER</div> <div>W56HZV-05-D-0408/0005</div> | | | | |

Name of Offeror or Contractor: MILLER-HOLZWARTH, INC

CONTRACT ADMINISTRATION DATA

| LINE | PRON/ AMS CD/ ITEM | OBLG STAT | ACCOUNTING CLASSIFICATION | JOB ORDER NUMBER | ACCOUNTING STATION | OBLIGATED AMOUNT |
|--------|--------------------------|--------------|---------------------------|------------------------|-----------------------|---------------------|
| 0012AA | EH73S160EH 070011 | AA 2 | 97 X4930AC6D 6D | 26FB S20113 | W56HZV \$ | 138,552.84 |
| TOTAL | | | | | | \$ 138,552.84 |

| SERVICE NAME | TOTAL BY ACRN | ACCOUNTING CLASSIFICATION | ACCOUNTING STATION | OBLIGATED AMOUNT |
|-----------------|---------------|---------------------------|-----------------------|----------------------|
| Army | AA | 97 X4930AC6D 6D | 26FB S20113 | W56HZV \$ 138,552.84 |
| TOTAL | | | | \$ 138,552.84 |

| ACRN | EDI ACCOUNTING CLASSIFICATION |
|------|--|
| AA | 97 0X0X4930AC6D S20113 76D00000700110000026FB S20113 |